

AFFIDAVIT

THE STATE OF TEXAS

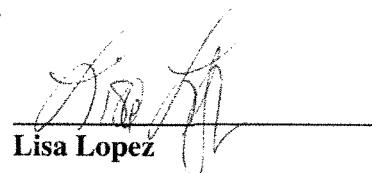
§  
§  
§

COUNTY OF WALKER

BEFORE ME, the undersigned authority, personally appeared Lisa Lopez, who, being by me duly sworn, deposed as follows:

"My name is Lisa Lopez, and I am over the age of eighteen (18), of sound mind, competent and capable of making this affidavit, and personally acquainted with the facts herein stated:

I am the Custodian of Records at The University of Texas Medical Branch - Correctional Managed Care, Health Services Archives and my office is located in Huntsville, Texas. In this capacity, I am the individual who can authenticate and certify as official, copies of medical records at the TDCJ Health Services Archives. Attached hereto are 21 pages of records, time period July 15, 2011 to July 22, 2011 from the medical records of Larry McCollum, TDCJ # 1721640. These said records are kept in the regular course of business by an employee or representative of UTMB-Correctional Managed with knowledge of the act, event, condition, opinion or diagnosis, recorded or to transmit information thereof to be included in such record; and the record was made at or near the time or reasonably soon thereafter. The records attached hereto are the original or exact duplicates of the original and no other documents exist in the files on the above named person at TDCJ Health Services Archives".

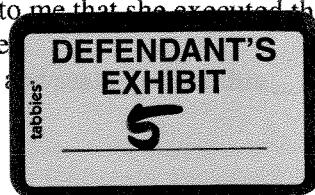
  
Lisa Lopez

State of Texas,

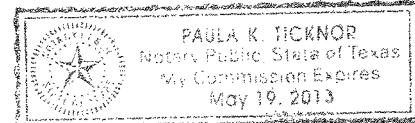
County of Walker

Before Me Paula K. Ticknor on this day personally appeared Lisa Lopez, known to me through her Texas Driver's License to be the person whose name is subscribed to the foregoing instrument and acknowledge to me that she executed the same for the purpose and consideration therein expressed.

Given under my hand a  
A.D., 2013



22nd day of Feb,



MCCOLLUM 004

Scanned by HICKS, STEPHANIE K. CCA in facility HUTCHINS (HJ) on 07/20/2011 13:32

## TEXAS UNIFORM HEALTH STATUS UPDATE

I. NAME: McCollum Laney G. DOB: 4/04/53 AGE: 58  
 Last McCollum First Laney MI: \_\_\_\_\_  
 STATE ID# 3950 494 RACE: W SEX: Male  Female  
 COUNTY/TDCJ# 3461D WT: 330 HT: 5'10

## II. CURRENT/CHRONIC HEALTH PROBLEMS

## A. Health Problems

- 1. None
- 2. Asthma
- 3. Pregnancy
- 4. Dental Priority
- 5. Diabetes
- 6. Drug Abuse
- 7. Alcoholism
- 8. Orthopedic Problems
- 9. Cardiovascular/Heart Trouble
- 10. Suicidal
- 11. Mental Retardation
- 12. Mental Illness (Specify diagnosis) \_\_\_\_\_
- 13. Recent Surgery
- 14. Seizures
- 15. Dialysis
- 16. Hypertension
- 17. CARE System: Y

\*NOTE When screening substance abuse facility clients, please contact the TDCJ-ID Health Services Liaison at (936)437-3589 for clients with any chronic disease symptoms deemed unstable.

## III. SPECIAL NEEDS (Check all that apply)

## A. Housing Restrictions

- 1. None
- 2. Skilled Nursing Facility
- 3. Extended Care Facility
- 4. Psychiatric Inpatient Facility
- 5. Respiratory Isolation
- 6. Other.

## B. Transportation

- 1. Routine
- 2. Crutches/Cane
- 3. Ambulance
- 4. Wheelchair/Wheelchair Van
- 5. Prostheses: \_\_\_\_\_

## C. Pending Specialty Clinic Appointment

None  Type \_\_\_\_\_D. ALLERGIES NKA

NKA \_\_\_\_\_

## B. Preventive Medicine

## 1. Tuberculosis Status

Skin Test: Date Given: 6/26/11 Date Read: 6/27/11 Results + mm\*  
 X-Ray: Date:   /   /   Normal  Abnormal  \* Anti-TB Treatment? No  Yes

2. Hepatitis: A   B   C   Other: \_\_\_\_\_

3. HIV Antibody: Test Date:   /   /   Results: Neg  Pos  CD4:   Date   /   /    
 4. Syphilis: Date:   /   /   Type:   Treatment Completed:   Yes  No

\*NOTE: If any treatment has been recommended, the X-Ray was abnormal, or skin test indicates infection please attach tuberculosis record.

C. Other Health Care Problems: None

## IV. CURRENT PRESCRIBED MEDICATIONS

None \_\_\_\_\_

Medication	Dosage	Frequency
<u>Clonidine</u>	<u>0.1mg 1 tab P.O</u>	<u>PRN 7 B/P</u>

THIS FORM MUST ACCOMPANY ALL OFFENDERS TRANSFERRED TO AND FROM ALL TEXAS CRIMINAL JUSTICE ENTITIES

COMPLETED BY: Sheri Jones L Signature/Title: \_\_\_\_\_ DATE: 7/15/11PHONE NUMBER: 254-757-2555 FACILITY: McLennan County Jail

MCCOLLUM 017

Patient Name: MCCOLLUM,LARRY G Patient DOB: 04/04/1953

Patient ID: 1716091 Service Date: 07/20/2011 08:42:00

LabCorp 1-800-292-4021

Lab Data Imported From and Tests Performed By:

Patient Name : MCCOLLUM, LARRY G

Patient Id : 1721640

Patient Phone :

Date of Birth : 04/04/1953

SS# Sex : Male

Ordering

Physician : ORIG, TITO

Facility : HUTCHINS (HJ)

1500 E. LANGDON RD  
HUTCHINS TX 75241

Test Name	Result	ABN	Unit	Reference Range
		Flag		

Accession: 32858464	Requisition: 32858464
Drawn: 07/20/11 08:42	Received: 07/20/11 23:40
	Reported: 07/21/11 08:43

Procedure: CBC With Differential/Platelet

WBC	13.1	H	x10E3/uL	4.0-10.5
RBC	4.63		x10E6/uL	4.10-5.60
Hemoglobin	14.8		g/dL	12.5-17.0
Hematocrit	43.4		%	36.0-50.0
MCV	94		fL	80-98
MCH	32.0		pg	27.0-34.0
MCHC	34.1		g/dL	32.0-36.0
RDW	15.2	H	%	11.7-15.0
Platelets	204		x10E3/uL	140-415
Neutrophils	60		%	40-74
Lymphs	32		%	14-46
Monocytes	8		%	4-13
Eos	0		%	0-7
Basos	0		%	0-3
Immature Cells				
Neutrophils (Absolute)	7.7		x10E3/uL	1.8-7.8
Lymphs (Absolute)	4.3		x10E3/uL	0.7-4.5
Monocytes (Absolute)	1.1	H	x10E3/uL	0.1-1.0
Eos (Absolute)	0.0		x10E3/uL	0.0-0.4
Baso (Absolute)	0.0		x10E3/uL	0.0-0.2
Immature Granulocytes	0		%	0-2
**Please note reference interval change**				
Immature Grans (Abs)	0.0		x10E3/uL	0.0-0.1

NRBC

Hematology Comments:

Procedure: Comp. Metabolic Panel (14)

Glucose, Serum	130	H	mg/dL	65-99
BUN	31	H	mg/dL	6-24
Creatinine, Serum	1.67	H	mg/dL	0.76-1.27
eGFR If NonAfricn Am	44	L	mL/min/1	>59
eGFR If Africn Am	51	L	mL/min/1	>59

Note: A persistent eGFR <60 mL/min/1.73 m<sup>2</sup> (3 months or more) may indicate chronic kidney disease. An eGFR >59 mL/min/1.73 m<sup>2</sup> with an elevated urine protein also may indicate chronic kidney disease.

Print Date: 07/21/2011 07:53

Page: 1/4

Data Imported From and Tests Performed By:

LabCorp 1-800-292-4021

Patient Name : MCCOLLUM, LARRY G

Patient Id : 1721640

Patient Phone :

Date of Birth : 04/04/1953

SS# : 000-00-3517 Sex : Male

Ordering

**MCCOLLUM 007**

HUTCHINS (HJ) 1500 E. LANGDON RD HUTCHINS TX 75241 Tel. 9722251304 Page 1 of 4

Patient Name: MCCOLLUM,LARRY G Patient DOB: 04/04/1953

Patient ID: 1716091 Service Date: 07/20/2011 08:42:00

Physician : ORIG, TITO  
 Facility : HUTCHINS (HJ)  
 1500 E. LANGDON RD  
 HUTCHINS TX 75241

Test Name	Result	ABN	Unit	Reference	Range
			Flag		

Calculated using CKD-EPI formula.

BUN/Creatinine Ratio	19			9-20	
Sodium, Serum	133	L	mmol/L	135-145	
Potassium, Serum	3.5		mmol/L	3.5-5.2	
Chloride, Serum	91	L	mmol/L	97-108	
Carbon Dioxide, Total	18	L	mmol/L	20-32	
**Verified by repeat analysis**					
Calcium, Serum	8.8		mg/dL	8.7-10.2	
Protein, Total, Serum	7.8		g/dL	6.0-8.5	
Albumin, Serum	4.0		g/dL	3.5-5.5	
Globulin, Total	3.8		g/dL	1.5-4.5	
A/G Ratio	1.1			1.1-2.5	
Bilirubin, Total	0.8		mg/dL	0.0-1.2	
Alkaline Phosphatase, S	56		IU/L	25-150	
AST (SGOT)	34		IU/L	0-40	
ALT (SGPT)	21		IU/L	0-55	

Procedure: Urinalysis, Complete

Specific Gravity	1.028			1.005-1.030
pH	5.5			5.0-7.5
Urine-Color	Yellow			Yellow
Appearance	Cloudy	A		Clear
WBC Esterase	1+	A		Negative
Protein	1+	A		Negative/Trace
Glucose	Negative			Negative
Glucose Reflex				
Ketones	Trace	A		Negative
Occult Blood	Negative			Negative
Bilirubin	Negative			Negative
Urobilinogen, Semi-Qn	0.2		mg/dL	0.0-1.9
Nitrite, Urine	Negative			Negative
Microscopic Examination	See below:			

Procedure: Microscopic Examination

WBC	>30	A	/hpf	0 - 5
RBC	0-3		/hpf	0 - 3
Epithelial Cells (non renal)	0-10		/hpf	0 - 10
Epithelial Cells (renal)				
Casts	Present	A	/lpf	None seen
Cast Type	Hyaline casts			N/A

Print Date: 07/21/2011 07:53 Page: 2/4

Data Imported From and Tests Performed By:  
LabCorp 1-800-292-4021

Patient Name : MCCOLLUM, LARRY G  
 Patient Id : 1721640  
 Patient Phone :  
 Date of Birth : 04/04/1953  
 SS# : 000-00-3517 Sex : Male

Ordering  
 Physician : ORIG, TITO  
 Facility : HUTCHINS (HJ)  
 1500 E. LANGDON RD  
 HUTCHINS TX 75241

Test Name	Result	ABN	Unit	Reference	Range
			Flag		

**MCCOLLUM 008**  
 HUTCHINS (HJ) 1500 E. LANGDON RD HUTCHINS TX 75241 Tel. 9722251304 Page 2 of 4

Patient Name: MCCOLLUM,LARRY G Patient DOB: 04/04/1953

Patient ID: 1716091 Service Date: 07/20/2011 08:42:00

Crystals		
Crystal Type		
Mucus Threads	Present	Not Estab.
Bacteria	Few	None seen/Few
Yeast		
Trichomonas		
Comment		

Procedure: Urinalysis, Complete  
Microscopic Examination

Procedure: Lipid Panel

Cholesterol, Total	157	mg/dL	100-199
Triglycerides	195	H mg/dL	0-149
HDL Cholesterol	16	L mg/dL	>39
According to ATP-III Guidelines, HDL-C >59 mg/dL is considered a negative risk factor for CHD.			
VLDL Cholesterol Cal	39	mg/dL	5-40
LDL Cholesterol Calc	102	H mg/dL	0-99

Procedure: Panel 083824

HIV 1/0/2 Abs-Index Value	<1.00	<1.00
Index Value: Specimen reactivity relative to the negative cutoff.		
HIV 1/0/2 Abs, Qual	Non Reactive	Non Reactive

Procedure: Hgb A1c with eAG Estimation

Hemoglobin A1c	6.2	H %	4.8-5.6
Increased risk for diabetes:			5.7 - 6.4
Diabetes:			>6.4
Glycemic control for adults with diabetes:			<7.0
Estim. Avg Glu (eAG)	131	mg/dL	

Procedure: TSH

TSH	2.860	uIU/mL	0.450-4.500
-----	-------	--------	-------------

Procedure: RPR

RPR	Non Reactive	Non Reactive
-----	--------------	--------------

L Low, H High, C Critical, \* Abnormal Alpha

Print Date: 07/21/2011 07:53 Page: 3/4

Data Imported From and Tests Performed By:

LabCorp 1-800-292-4021

Patient Name :	MCCOLLUM, LARRY G		
Patient Id :	1721640		
Patient Phone :			
Date of Birth :	04/04/1953		
SS#	000-00-3517	Sex	: Male

Ordering	
Physician	: ORIG, TITO
Facility	: HUTCHINS (HJ)
	1500 E. LANGDON RD
	HUTCHINS TX 75241

Test Name	Result	ABN Unit	Reference Range
		Flag	

Patient Name: MCCOLLUM,LARRY G Patient DOB: 04/04/1953

Patient ID: 1716091 Service Date: 07/20/2011 08:42:00

Print Date: 07/21/2011 07:53  
Electronically Signed by ORIG, TITO M. M.D. on 08/03/2011.  
##And No Others##

Page: 4/4

Scanned by GUZMAN, SANDRA in facility HUTCHINS (HJ) on 07/28/2011 08:48

~~Managed Care~~  
**CID CLINIC NOTE**  
**HIV PRE-TEST COUNSELING**

Patient Name McCollum, Larry TDCJ # 1721640  
 Date 07/15/2011 Facility HUTCHINS (HJ)

Vitals BP \_\_\_\_\_ Wt \_\_\_\_\_ Height \_\_\_\_\_ Pulse \_\_\_\_\_ Resp \_\_\_\_\_ Temp' \_\_\_\_\_

Patient Language:			Name of Interpreter, If required: NA	
<b>S:</b>	<b>Chief Complaint:</b>		<input checked="" type="checkbox"/>	Patient offered HIV testing per policy 14 11
			<input checked="" type="checkbox"/>	Pre-release HIV test
			<input type="checkbox"/>	Patient requesting HIV test
			<input type="checkbox"/>	Patient reported history of previous positive HIV test
			<input type="checkbox"/>	Other (specify)
<b>O:</b>	<b>Yes</b>	<b>No</b>	Mark "Yes" or "No" for the following:	
		<input checked="" type="checkbox"/>	Patient is symptomatic (list symptoms)	
		<input checked="" type="checkbox"/>	The patient requests HIV testing and gave a history of the following risk factors	
		<input checked="" type="checkbox"/>	Injected nonprescription drugs	
		<input checked="" type="checkbox"/>	Unprotected sexual activity with multiple sex partners (male and/or female)	
		<input checked="" type="checkbox"/>	Tattoo	
		<input checked="" type="checkbox"/>	Patient received blood transfusions or blood products	
		<input checked="" type="checkbox"/>	The patient's TB skin test was positive	
		<input checked="" type="checkbox"/>	Exposed staff to blood or other potentially infectious body fluids	
		<input checked="" type="checkbox"/>	Patient was potentially exposed to blood and/or body fluids	
<b>A:</b>	<input checked="" type="checkbox"/>	Patient offered HIV testing per policy 14 11		
	<input checked="" type="checkbox"/>	Knowledge deficit		
<b>P:</b>	<b>Yes</b>	<b>No</b>	Mark "Yes" or "No" for the following:	
		<input checked="" type="checkbox"/>	HIV pre-test counseling and HIV antibody testing is offered	
		<input checked="" type="checkbox"/>	Discuss HIV prevention recommendations	
		<input checked="" type="checkbox"/>	1 Behave as if positive 2 Abstinence from sex, drugs and tattooing 3 Mutually monogamous relationships	
		<input checked="" type="checkbox"/>	Review partner notification procedures should the patient test positive	
		<input checked="" type="checkbox"/>	The patient gave their verbal consent for HIV antibody testing (If consent given, obtain provider order for HIV testing)	
		<input checked="" type="checkbox"/>	The patient refused HIV antibody testing Obtain their signature on a <b>Refusal of Treatment</b> form (HSM-82)	
		<input checked="" type="checkbox"/>	Health teaching offered stressing the importance of plan of care compliance	
		<input checked="" type="checkbox"/>	If potential exposure, report incident to Preventive Medicine department	
		<input checked="" type="checkbox"/>	Patient verbalized level of understanding of the testing procedure, confidentiality and that they would not be rescheduled to receive negative test results, but only for positive or equivocal indeterminate results	

Nurse Signature: VMC/Rhiney LVN

Date / Time 07/15/2011 @ 0900

05/01/2009

Scanned by GUZMAN, SANDRA in facility HUTCHINS (HJ) on 07/28/2011 08:48

**aged Care**  
**CID ABSTRACT OF IMMUNIZATIONS**  
**Tuberculin Skin Tests**

Patient Name McCollum, LarryTDCJ # 1721641Date 07/15/2011Facility HUTCHINS (HJ)

Vitals BP \_\_\_\_\_ Wt \_\_\_\_\_ Height \_\_\_\_\_ Pulse \_\_\_\_\_ Resp \_\_\_\_\_ Temp \_\_\_\_\_

Patient Language: NA Name of interpreter, if required:

MANTOUX PPD				
DATE/TIME GIVEN	MFG/LOT #	LFA	RFA	ROUTE
07/15/2011	JHP PHARM 148613			Intradermally

**IMMUNIZATIONS**

DATE/TIME GIVEN	MFG/LOT #	DOSE	ROUTE	TYPE OF VACCINE	SITE	REACTION	SIGNATURE/TITLE
07/15/2011	SANOFI-PAST U3388AA	0.5 mL	IM	Td Booster	<input checked="" type="checkbox"/> L Deltoid <input type="checkbox"/> R Deltoid	NARN	<u>VMcRiing LVN</u>
		0.5 mL	<input type="checkbox"/> Sub Q <input type="checkbox"/> IM	Pneumococcal Vaccine	<input type="checkbox"/> L Deltoid <input type="checkbox"/> R Deltoid <input type="checkbox"/> Outer aspect of L or R upper arm		
		0.5 mL	IM	Influenza	<input type="checkbox"/> L Deltoid <input type="checkbox"/> R Deltoid		
		1.0 mL	IM	Hepatitis A #1 Vaccine	<input type="checkbox"/> L Deltoid <input type="checkbox"/> R Deltoid		
		1.0 mL	IM	Hepatitis A #2 Vaccine	<input type="checkbox"/> L Deltoid <input type="checkbox"/> R Deltoid		
		0.5 mL	Sub Q	Meningococcal	<input type="checkbox"/> Outer aspect of L or R upper arm		
		0.5 mL	Sub Q	Varicella #1	<input type="checkbox"/> Outer aspect of L or R upper arm		
		0.5 mL	Sub Q	Varicella #2	<input type="checkbox"/> Outer aspect of L or R upper arm		
		1.0 mL	IM	Hepatitis B #1 Vaccine	<input type="checkbox"/> L Deltoid <input type="checkbox"/> R Deltoid		
		1.0 mL	IM	Hepatitis B #2 Vaccine	<input type="checkbox"/> L Deltoid <input type="checkbox"/> R Deltoid		
		1.0 mL	IM	Hepatitis B #3 Vaccine	<input type="checkbox"/> L Deltoid <input type="checkbox"/> R Deltoid		
		0.5 mL	Sub Q	Measles/Mumps Rubella (MMR)	<input type="checkbox"/> Outer aspect of L or R upper arm		

Nurse Signature VMcRiing LVNDate / Time 07/15/2011 @0900HSM-2  
05/01/2009

**Correctional Managed Care**  
**CID INTAKE INTERVIEW**

Patient Name: McColum, Larry TDCJ #: 1721640

Date: 07/15/2011 Facility: HUTCHINS (HJ)

Vitals BP: \_\_\_\_\_ Wt: \_\_\_\_\_ Height: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ Temp: \_\_\_\_\_

<b>Patient Language:</b>		<b>Name of interpreter, if required:NA</b>	
--------------------------	--	--	--

<b>S: CHIEF COMPLAINT:</b>				CID intake processing including pre-test HIV counseling	
<b>O:</b>	<b>YES</b>	<b>NO</b>	<b>REFUSED</b>	<b>N/A</b>	Mark "Yes", "No" or "Refused" for the following:
					HIV - Patient verbally agrees to HIV testing per state law (If yes mark Plan line 1a, if no or refused obtain HSM-82 and mark Plan line 10)
					RPR - RPR test is required by state and policy/procedure #14 12 (If yes mark Plan line 1b, if no or refused obtain HSM-82)
	<input checked="" type="checkbox"/>				MMR - Born after 1956 - <u>1953</u>
	<input checked="" type="checkbox"/>				MMR - Attended Texas Schools (If no mark Plan line 2, or obtain refusal HSM-82)(If pregnant, mark N/A)
	<input checked="" type="checkbox"/>				HBV - Allergic to yeast
					HBV - Hepatitis B vaccine available - If no skip next two lines
					HBV - Agrees to Hepatitis B vaccine (If yes mark Plan line 3, if no obtain "Refusal of HBV Vaccine" HSM-98)
					HBV - Consent for hepatitis B vaccine signed (form 100E) or refusal signed
	<input checked="" type="checkbox"/>				TB - History of positive TB skin test - written documentation (If no and less than 45 years of age mark Plan line 4, if yes or refused mark Plan line 5)
					TB - If yes - date <u>CPX</u> <u>months</u> (If CPX taken less than 6 months or currently taking CPX mark Plan line 6)
					TB - Patient 45 years of age or older and no documentation available to verify a previous positive Mantoux skin test (If yes, mark Plan line 11)
	<input checked="" type="checkbox"/>				Tetanus & Diphtheria - Verbally agrees to Tetanus and Diphtheria Toxoid Booster (mark Plan line 7 if yes, if no or refused obtain HSM-82)
	<b>YES</b>	<b>NO</b>	<b>UNKNOWN</b>		
				History of varicella (If yes mark Plan line 9 to add alert code 5290 to MPL/Problem list, if no mark MPL/Problem list for possibly susceptible)	
				If female, is patient pregnant? If yes how many weeks:  (If yes or unknown mark Plan line 8)	
<b>A:</b>				Alteration Health Maintenance	

Scanned by GUZMAN, SANDRA in facility HUTCHINS (HJ) on 07/28/2011 08:48

**Correctional Managed Care**  
**CID INTAKE INTERVIEW**

<b>P:</b>	<b>PLAN:</b>
<input checked="" type="checkbox"/>	1a Obtain order for lab to draw HIV
<input checked="" type="checkbox"/>	1b Obtain order for lab to draw RPR
	2 Obtain order for MMR 0.5cc vaccine sub q
	3 Obtain order for Hepatitis B vaccine 20mcg/1ml – administer hep B vaccine at 0, 1 and 6 months if indicated per TDCJ policy
<input checked="" type="checkbox"/>	4 Obtain order for PPD 0.1cc ID (L) forearm and will check within 48-72 hours
	5 Obtain order for CXR single view
	6. Refer to provider to schedule for ITP/TB Chronic Clinic
<input checked="" type="checkbox"/>	7 Obtain order for Tetanus and Diphtheria Toxoid Booster 0.5cc vaccine IM
<input checked="" type="checkbox"/>	8. Refer to provider to schedule appointment
<input checked="" type="checkbox"/>	9 Add alert code 5290 to MPL/Problem List
<input checked="" type="checkbox"/>	10 Add alert code 1112 to MPL/Problem List (indicates HIV high risk screening completed)
<input checked="" type="checkbox"/>	11 Obtain order for two-step Mantoux skin test (PPD 0.1cc ID (L) forearm and will check within 48-72 hours. If the reaction is lesser than 10 mm of induration, the second step is administered one to two weeks later)
<b>REFER TO PROVIDER:</b>	
<input checked="" type="checkbox"/>	1a Order for lab to draw HIV
<input checked="" type="checkbox"/>	1b Order for lab to draw RPR
	2. Order for MMR 0.5cc vaccine sub q
	3 Order for Hepatitis B vaccine 20mcg/1ml – administer hep B vaccine at 0, 1 and 6 months if indicated per TDCJ policy
<input checked="" type="checkbox"/>	4 Order for PPD 0.1cc ID (L) forearm and will check within 48-72 hours
	5. Order for CXR single view
	6 Schedule appointment for ITP/TB Chronic Clinic
<input checked="" type="checkbox"/>	7 Order for Tetanus & Diphtheria Toxoid 0.5cc vaccine IM
<input checked="" type="checkbox"/>	8 Schedule appointment with provider
	9. Administer flu vaccine 0.5 CC IM x 1 if indicated per TDCJ policy
	10 Order for two-step Mantoux skin test (PPD 0.1cc ID (L) forearm and will check within 48-72 hours. If the reaction is lesser than 10 mm of induration, the second step is administered one to two weeks later)

Nurse Signature: V M C McKinney LVNDate / Time: 07/15/2011 @ 0900

Scanned by HICKS, STEPHANIE K. CCA in facility HUTCHINS (HJ) on 07/20/2011 13:32

Name

McCollum Lang

TDCJ No Intake

Unit: HUTCHINS STATE JAIL

NKA

**CLINIC NOTES**  
**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**INSTITUTIONAL DIVISION**

Date &amp; Time

7-15-11 S  
1230

NOTES

Offenders received from:

McLennan

With history of:

HWN

OA See HSM-13 and Texas Health Status Updated for current orders from county

P Current medication orders as per HJ providers.

VO T Orig, MD A Babbili, PA-C / N. Beckstrom, NP

Q/C Clonidine  
 Start HCTZ 25mg X 1PO  
 9AM X 30d Babbili, PA-C / N. Beckstrom, NP

Medication Pass issued to Offender YES  NO

Please sign each entry with status

HSM - 1 (D) v 5/92

MCCOLLUM 022

Scanned by HICKS, STEPHANIE K. CCA in facility HUTCHINS (HJ) on 07/20/2011 13:31

CORRECTIONAL MANAGED CARE  
INTAKE HISTORY AND HEALTH SCREENING

1721640

## I. IDENTIFICATION

NAME: McCollum, Tony OCCUPATION: Driver EDUCATION: High SchoolDOB: 04/04/53COUNTY: McLennan

PREVIOUS TDCJ #(s): \_\_\_\_\_

## II FAMILY HISTORY

1 Blood disease (sickle cell anemia, hemophilia)	YES	NO	18 INH Prophylaxis	YES	NO
2 Cancer	YES	NO	19 Intravenous Drug Abuse	YES	NO
3 Diabetes	YES	NO	20 Kidney Disease	YES	NO
4 Heart Disease	YES	NO	21 Liver Disease	YES	NO
5 High Blood Pressure	YES	NO	22 Mental Illness	YES	NO
6 Tuberculosis	YES	NO	23 Non Intravenous Drug Abuse/Alcoholism	YES	NO
7			24 Peptic Ulcers	YES	NO
8			25 Rheumatic Fever	YES	NO
9			26 Rheumatism/Arthritis	YES	NO
10			27 Seasonal Allergies	YES	NO
11			28 Sexually Transmitted Diseases	YES	NO
12			29 Smoker	YES	NO
13			30 Tetanus Immunization Date	YES	NO
14			31 Tuberculosis	YES	NO
15			32 Unprotected Sex w/Multiple Partners	YES	NO
16			33 Other		

10 Glasses/Hearing Aid	YES	NO	IV	OBSTETRIC/GYNECOLOGIC	X	N/A
11 Gum disease	YES	NO	AL HX			
12 Head injury	YES	NO	1	Date of last menstrual period		
13 Heart Disease/Angina	YES	NO	2	Number of pregnancies/live births		
14 Hepatitis	YES	NO	3	History of Problem pregnancy		
15 High Blood Pressure	YES	NO	4	Date of last pap smear		
16 HIV + / AIDS	YES	NO	5	Date of last mammogram		
Prior HIV Test Date			6	History of birth control methods (IUD, pills, etc)		
17 Homosexual/Bisexual Activities		NO				

A. If YES to any of the above indicate family member or self, give date and treatment received	<u>Father, Brother</u>	
B. History of hospitalization? <u>NO</u>	Please list the DATE, HOSPITAL, CONDITION <u>Hillcrest Hospital</u>	
C. Do you have any current medical, mental health or dental complaints? <u>YES</u> NO	<u>Tooth fill, Depression</u>	
D. Have you experienced any of these symptoms cough, weakness, weight loss, fevers, night sweats, loss of appetite or lethargy? YES <u>NO</u> If YES, when?		
E. What illegal drugs have you used? <u>NO</u>	What was the mode(s) of use? (Please circle) Smoking Injection Inhaled Ingested	
What amount and how often did you use drugs and alcohol?		
When was the last time you used drugs or alcohol?		
Have you ever had withdrawal or seizures when you stopped using drugs or alcohol?	YES	NO
F. Are you presently taking or supposed to be taking any prescribed medications? <u>YES</u> NO		
If YES, what <u>See Med Sheet</u>		

HSM-13 (6/06)

MCCOLLUM 023

Scanned by HICKS, STEPHANIE K. CCA in facility HUTCHINS (HJ) on 07/20/2011 13:32

CORRECTIONAL MANAGED CARE  
INTAKE HISTORY AND HEALTH SCREENING

Reason for taking medications						
<b>G</b>	Observations	Tremor	YES <input checked="" type="checkbox"/>	Sweating	YES <input checked="" type="checkbox"/>	Other
	Condition of skin	Cuts	YES <input checked="" type="checkbox"/>	Bruises	YES <input checked="" type="checkbox"/>	
		Sores	YES <input checked="" type="checkbox"/>	Other		
	Body & Movement	Deformities	YES <input checked="" type="checkbox"/>	Impaired Motor Activity	YES <input checked="" type="checkbox"/>	
		Other				
<b>H BEHAVIOR AND MENTAL STATUS</b>						
	Hygiene & Appearance	Clean, neat	Dirty, sloppy	Other		
	Orientation (ask questions and document response)					
	What is today's date?	7/15/11				
	What time is it?	Morning				
	What place is this?	Hutch				
	Speech	Normal <input checked="" type="checkbox"/>	Loud	Soft	Mumbling	Other
	Attitude	Appropriate <input checked="" type="checkbox"/>	Laughing	Crying	Cursing	Quiet
<b>I THOUGHT CONTENT (Please circle YES or NO)</b>						
	Are you having current thoughts about suicide or self-injury?	YES <input checked="" type="checkbox"/>				
	Do you see or hear things that others do not see or hear?	YES <input checked="" type="checkbox"/>				
	Do you have any special powers/abilities?	YES <input checked="" type="checkbox"/>				
	Do you receive personal messages from the TV or radio?	YES <input checked="" type="checkbox"/>				
	Do you have any phobias or excessive fears?	YES <input checked="" type="checkbox"/>				
<b>J. DISPOSITION</b>						
	Routine referral to	<input checked="" type="checkbox"/> Medical	<input checked="" type="checkbox"/> Mental Health	<input checked="" type="checkbox"/> Dental	<input checked="" type="checkbox"/> CID	
	Immediate referral to	Medical	Mental Health	Dental	CID	
	Release to general population	YES	NO	Other		

Offender Signature:	<i>Lucy McCollum</i>	Date:	7-15-11
---------------------	----------------------	-------	---------

Reviewer Signature:	<i>Debra K. Woodward</i>	Date:	7/15/11
---------------------	--------------------------	-------	---------

*Debra K. Woodward RN  
7/18/11*

HSM-13 (6/06)

MCCOLLUM 024